STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in	(Check if name Example: If typying, type over the lines	12FE4M5
sanofi-aventis	U.S. Employees Inc. Political Action Committee	
ADDRESS (number and	801 Pennsylvania Avenue NW	
(Check if address is changed)	Sujte,725	
	Washington	DC 20004 _
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	Timothy.Clark@sanofi-aventis.com	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)		
2. DATE 0.5	7 D D 7 Y Y Y Y Y Y Y Z O 1 1	
3. FEC IDENTIFICA	TION NUMBER C C00144345	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct and	d complete
Type or Print Name of	Treasurer Timothy Clark	
Signature of Treasurer	Electronically Filed by Timothy Clark	Date 05 / 27 / YYYYY
NOTE: Submission of fa	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED V	
Office Use Only	For further information of Federal Election Commiss Toll Free 800-424-9530	